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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	SANNA TO Name of Limit	CANSPORT / ed Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Cynthi	A WiLKeRS Name of Person	iav_		
	45 AN	INA TRANSFE Firm/Company	ret		
	2020 N.	W. 59 TEM Address	VACE		
	SUNNIS	SEFL 33315 City/State and Zip Code	3 Z	201	
	Stephanie	Moses Q YMHIL. be used for future annual report notificati	com H	OSEP -	-
For further information c	oncerning this matter, please ca	ıll;	SEE	27 - 1 10 - 1	i M
Stephanie Name o	Moses f Person	at (954) 288-04 Area Code & Daytime Te	lephone Number	M D 46	
Enclosed is a check for the	ne following amount:		₽	•	
\$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Star Certified Copy (additional copy	itus &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. YSANNA TR	ANS PORT LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number 4/00004872/	/ /	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		7 2
(Principal office address MUST BE A STREET ADDRESS)	N/H·	LES BB
		-7 -7 AR)
Enter new mailing address, if applicable:		mg z m
(Mailing address MAY BE A POST OFFICE BOX)	NH	
		RATION L
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the new
Name of New Registered Agent:	thiA WILLERSON	<u> </u>
New Registered Office Address:	Skiller Florida street of	addross
	Florida .	eemi vou
	City	Zip Code
Non-Boston d Association of the color Decision d Association	· 4.	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title . <u>Address</u> **Type of Action** marm Ciphia Wilkerson 2020 N.W. 59D TER. ☐ Add L Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ture of a member or/authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00